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A., Gambourg, M. [Google Scholar]Beaudreau, S. Similar to the approach employed by March et al. American Journal of Psychiatry, 162: 2302-2308. [Crossref]. [Web of Science ®]. [Google Scholar]Pynoos, R. Child 3: I wish I still had my dog. Journal of Counseling and Clinical Psychology, 64: 712-723. R. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Goenjian, A. Therefore, the main criteria for participation are that (1) the child is experiencing at least a moderate level of posttraumatic stress disorder (PTSD) symptoms due to death, any hurricane-related stressor, and/or violence exposure as measured by a score of 25 or above on the UCLA-Posttraumatic Stress Disorder Index for DMS-IV (Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, 1998; Vernberg, LaGreca, Silverman, & Prinstein, 1996); (2) grieving (must be at least one month post death); (3) ages 7 to 12; (4) not actively suicidal (assessed by administering the Mood and Feelings Questionnaire - Child Long Version; Angold & Costello, 1987, that asks direct questions about suicide); (5) clinically appropriate for group participation; and (6) parental consent and the child willing to participate. We have to share our thoughts and feelings in here. "Is she here right now?" asked Jasmine. Risk and resilience ecological framework for assessment and goal formation. [Google Scholar]Bronfenbrenner, U. B., Molnar, C. [Google Scholar]Feeny, N. "This is my daddy. A narrative therapy approach to grief treatment. If the group intervention was conducted where parents were available, a final group meeting with parents could be held where children share their books. [Individual meetings: Review session 6: discuss scariest and worst moments, identify and clarify distortion and guilt; identify trauma reminders and ways to cope, reinforce use of relaxation exercises, address unique needs.17Continue to develop a coherent trauma/loss narrative, identify coping approaches and supportive people, discuss techniques to cope with future traumatic occurrences.8Facilitate memories of losses), explore meaning of losses)9Continue with memories while highlighting positive comforting memories, review positive aspects of life and positive vision, discuss ending 10Review and celebrate progress, encourage the child to share their book with caregiver, conduct a celebratory ending with a review of strengths and a certificate of completion. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Malekoff, A. He is my protective shield. M., Steinberg, A. After telling his story Roger stated to the group that he felt better and he reminded them of the group rule: "What is said in group, stays in group." Terry, another 9-year-old boy volunteered to share his story next. S., Rodriguez, N., Stienberg, A., Stuber, M. Prediction of posttraumatic stress symptoms in children after hurricane Andrew. and Bonanno, G. In this session the children write and share a coherent story of their identified trauma. Also in Session 5, facilitators lead children through a guided imagery about feeling safe and utilizing deep breathing exercises. Lastly, the clinician and group members serve as "outside witnesses" (White, 2007; White & Epstein, 1990) to the child's story while empathetically responding. Group facilitators must be able to easily develop rapport with this age group of children and be able to conduct the group in a compassionate, caring manner. However, disaster research is challenging due to the chaotic disaster environment (Steinberg, Brymer, Steinberg, & Pfefferbaum, 2006). C., Foa, E. and Thorngren, J. That is why he makes me feel safe. Group therapy for children experiencing grief and trauma due to homicide and violence: A pilot study. Henrick looked up at her with a smirk and a bewildered expression, "Duh. B., Treadwell, K. C. (1987). Maps of narrative practice. New York: W.W. Norton. Roger replied, "Yes, and I saw flooded cars, and other people waiting to be rescued." Roger began to become visibly upset. When I miss my daddy I listen to his favorite song and look at his picture and cry. Journal of Abnormal Psychology, 105: 237-248. [Taylor & Francis Online]. [Web of Science ®]. [Google Scholar]Louisiana Department of Health and Hospitals. Mood and Feelings Questionnaire. Posttraumatic stress responses in bereaved children after the Oklahoma City bombing. Although cognitive-behavioral therapy (CBT) and narrative therapy have different knowledge bases, both "focus on helping clients to 'see' things differently" (Kelly, 2002, p. Reports of missing and deceased (Accessed: 10 January 2007). 2004. Of course! You don't think I talk to myself, do you?" Everyone laughed, including Jasmine. Posttraumatic stress and depressive reactions among Nicaraguan adolescents after Hurricane Mitch. The foundation of the grief and trauma intervention includes utilizing developmentally specific methods, an ecological perspective, and culturally relevant approaches. and Pfefferbaum, B. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Norten, H. Retelling is grounded in cognitive-behavioral techniques and narrative practices. K., Karayan, I., Pynoos, R. 2005. Roger described his 'Before the Storm' drawing to the group members. [Google Scholar]Taylor, B. and Cashman, L. Journal of Systemic Therapies, 14: 16-31. 71). When disasters strike, whether they are natural disasters or man-made disasters, social workers and other mental health professionals must be prepared to provide effective group interventions to bereaved and traumatized children. These components are especially critical when working with oppressed populations who are afforded limited opportunities and resources. Outcome of psychotherapy among early adolescents after trauma. In fact, 37% of the children reported that they had experienced traumatic events and losses before the storm (Osofsky, 2006). Effective mental health interventions that addressed the combination of the effects of disaster-related distress and prior losses and trauma were needed. [Taylor & Francis Online]. [Web of Science ®]. [Google Scholar]Stacey, K. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]LaLande, K. Mississippi vital statistics 2005, Jackson, MS. Author: I like the design." She looked up shyly and stated, "When I look at pictures of my grandma, it makes me feel good." She seemed startled by a thought and exclaimed, "Ooooh, can I bring a picture of her next time?" The group facilitator told them that they may bring their pictures. Death Studies, 30: 303-324. Building on the work of Chemtob et al. A. Creating a coherent narrative has been recommended as a main practice principle for treating children who are traumatized (Cohen, 1998). [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Pfefferbaum, B., Nixon, S. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Pynoos, R. Prior to Hurricane Katrina, the percentage of children living in poverty in New Orleans was more than twice the national average, 38% versus 17%, respectively (Fass & Cautchen, 2005). [Crossref]. [Google Scholar]Foa, E. Ambiguous loss and the family grieving process. S. To assist the children with issues of separation and termination from the group (Norten & Kurland, 2001) the children are given their book, My Story, and are instructed to review it with a safe, caring adult who is then asked to sign the last page of the book. Group leaders specifically look for signs of hope, bravery, and coping skills and highlight those signs for each group member and for the group as a whole. Session 5 includes an explicit discussion about what it means to the children to feel safe. Rather than children being told they were "crazy" or "weird," the members of this group affirmed that they could remain connected in a different, but still meaningful way with their deceased loved one. "Conducting research on children and adolescents after disasters". On August 29, 2005, Hurricane Katrina, one of the worst natural disasters in United States history, struck the Gulf Coast area leaving behind widespread physical destruction, massive displacement of the population, and more than 1,600 people dead (Louisiana Department of Health and Hospitals, 2006; Mississippi Department of Health, 2005). Group facilitators are able to hear from the child's perspective how changes may be negatively affecting the child and to see if any services, including concrete assistance such as food or housing resources, can be provided to assist the child and family. H., Galea, S., Friedman, M. M., Amaya-Jackson, L., Murray, M. Journal of Social Issues, 40(2): 87-108. Journal of the American Academy of Child and Adolescent Psychiatry, 38: 1372-1379. The facilitator commended the group members for respecting each others' memories and for sharing how they can stay connected with their loved ones even after death. Session 5. This meeting usually occurs at home or school. As we write this article, the 3-year anniversary of Hurricane Katrina is nearing. In Methods for disaster mental health research, Edited by: Norris, F. Crime in the United States (Accessed: 26 August 2007). Narrative practice (White, 2007; White & Epstein, 1990) has been used to help bereaved people express stories about their losses and the meaning of those losses in a broader context (Betz & Thorngren, 2006). Therefore, taking into account the developmental stage of children ages 7 to 12, the intervention incorporates activities such as drawing, drama, play, storytelling, and creating a special book (called My Story) in which all of the drawing and writing activities are compiled. Further, facilitators are encouraged to conduct trainings with educators and mentors who interact with children daily so that these adults understand the reactions of children who are bereaved and/or traumatized and are skilled in meeting the children's needs in the educational setting. and Nichols-Casabolt, A. Groups in which all members share an important common experience, such as a traumatic loss due to Hurricane Katrina or other violent death, may develop cohesion more rapidly than groups that are more heterogeneous, as long as appropriate rules and norms are developed. During the final group ceremony, all children are provided with a certificate to serve as a therapeutic document (White & Epstein, 1990) acknowledging their bravery and accomplishment in completing the group. When discussing sharing with the children, each child was able to choose the drawings that he or she wanted to discuss. Facilitator: Why is he your protective shield? [Taylor & Francis Online]. [Web of Science ®]. [Google Scholar]Udwin, O., Boyle, S., Yule, W., Bolton, D. and Prinstein, M. Trauma and recovery. New York: Basic Books, American Journal of Psychiatry, 158: 788-794. Group member B. I do. Journal of Consulting and Clinical Psychology, 72(4): 579-587. Culture and continuing bonds: A prospective study of bereavement in the United States and the Peoples Republic of China, 1996. Duke University, Developmental Epidemiology Program (Accessed: 3 December 2008). I can talk to her the time." Carmen witnessed her grandmother suddenly die of a heart attack, as well as neighborhood community violence. (2002), who conducted one of the most randomized studies of elementary age children posthurricane, compared a four session cognitive-behavioral individual versus group intervention. Case vignettes from group sessions with children after Hurricane Katrina are used to illustrate the intervention. "Disasters". [Google Scholar]Kelly, P. In a postdisaster environment, it may be difficult for parents to meet at the school at the same time, therefore, children are encouraged to share their book when time allows. Beginning during the first phase and continuing throughout the later sessions activities are designed to increase practical knowledge about grief and trauma, increase a sense of safety, promote utilization of adult support, encourage engagement in interests, foster helpfulness about the present and future, create a sense of mastery and control, and develop capacity to calm oneself, tolerate the trauma narrative, and reminisce about comforting memories. Children may choose one of three worksheets where they draw and begin to tell their story about their loss or the scary things that happened. Group work with children in the aftermath of a disaster may be an empowering practice method for children (Malekoff, 2008). This article describes a theoretically informed 10-week grief and trauma group model that was evaluated with children in schools after Hurricane Katrina. (1998), an individual session with each child occurs during this phase with the objectives of exploring the most traumatic aspects of the event(s), addressing guilty feelings, discussing trauma reminders and coping strategies, reinforcing the use of relaxation exercises, addressing any content if the child missed a session, and any unique needs of the child, and McGoldrick, M. 1998. 2007. Jasmine then continued with her examination, or her questions of restoration. "Oh yeah! She's standing right next to me." Carmen smiled and looked to her left. Practitioner review: the assessment and treatment of posttraumatic stress disorder in children and adolescents. H., Wong, M., Tu, W. Elliott, M. [Crossref]. [Google Scholar]Betz, C. Child and Adolescent Social Work Journal, 21(3): 211-235. Because the majority (89%) of the children in New Orleans public schools where these groups were and are occurring are African American, we incorporated culturally relevant practices. [Google Scholar]Salloum, A. and Hamada, R. The 10-week manualized grief and trauma intervention was adapted to include issues pertaining to grief and trauma resulting from the stress associated with Hurricane Katrina and due to violence and death (see Salloum, 2006, for a copy of the manual). [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Cohen, J. L., Goenjian, H. Child 2: My dog does the same thing and we're glad because there aren't a lot of people back in my neighborhood since the storm. P., Greenberg, T., Padlo, S. Child 3: Yeah. Questioning the unquestionable. Children may choose from one of three worksheets that address safe places, safe people, and protective factors. The authors wish to thank all of the social workers who facilitated groups and who contributed case vignettes for this article: Carrie Lynn Wilson, Tye Kelley, Mia White, Lauren Dufresne, Jennifer Kondroik, and Jessica Messia de Prado. The initial phase (Sessions 1 through 5) promotes strengths, coping, safety, and resilience (Herman, 1997; Rynearson, 2001) while tending to the issues of orientation, helping children to feel included and comfortable, and reducing anxiety and uncertainty about participation (Norten & Kurland, 2001). During this phase, the focus is on exploring the meaning of the trauma and loss to the child. Charles stated, "That must have been hard for you to tell that story." Sandra looked up from her picture and nodded her head up and down expressing that it was difficult to talk about her dad. Journal of Traumatic Stress, 20(3): 353-357. Reports from 2,200 children (ages 9 to 18 years) who returned to New Orleans after the hurricane indicated mental health problems such as feeling depressed, feeling angry, having difficulty concentrating, worrying about the future, becoming distressed when thinking about the hurricane, and having avoidance reactions. [Taylor & Francis Online]. [Google Scholar]McGoldrick, M., Almeida, R., Moore Hines, P., Garcia-Preto, N., Rosen, E. Children are asked to draw a picture of a specified topic (Pynoos & Eth, 1984) pertaining to the theme(s) of the group session (see Table 1). In Living beyond loss: Death in the family, Edited by: Walsh, F. Psychosocial intervention for post disaster trauma symptoms in elementary school children: A controlled community field study. Child 3: We had to leave him here during Katrina and he died. The facilitator reiterated to the group members: "Some of the things we'll talk about in group may be painful or sad to talk about but we'll all work together to support each other when someone shares something that is difficult to talk about." This allowed the group members to experience group cohesion and support. He wanted me to do good." Another group member, Carmen, explained with a bright smile, "My grandmother is always with me, even at school. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Steinberg, A. and Yule, W. The theoretical ordering of session objectives and themes addressed during the ten week intervention (see Table 1) occur within three overlapping phases: (1) resilience and safety, (2) restorative retelling, (3) and reconnecting (Herman, 1997; Rynearson, 2001). [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Giannopoulos, L., Dikiakidou, A. The theoretical ordering of themes addressed occurs within three overlapping phases: (1) resilience and safety, (2) restorative retelling, (3) and reconnecting (Herman, 1997; Rynearson, 2001). [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar]Gianopoulos, L., Dikiakidou, A. The theoretical ordering of themes addressed occurs within three overlapping phases: (1) resilience and safety, (2) restorative retelling, (3) and reconnecting (Herman, 1997; Rynearson, 2001). Clinicians are directed to listen for and highlight alternative stories that demonstrate the child's bravery and strengths. Journal of the American Academy of Child and Adolescent Psychiatry, 37: 585-593. The murder rate in New Orleans prior to the storm was 10 times the national average (56.17 as compared to the national average of 5.5 per 100,000) (U.S. Department of Justice, 2004). The child as witness to homicide. Journal of Child Psychology and Psychiatry, 41: 277-289. Narrative means to therapeutic ends. New York: W.W. Norton. L. This is my mom. M., Brymer, M. [Crossref]. [Google Scholar]Cross, W. 2000. (2004) recognized the benefit of using narrative approaches, such as the oral tradition of storytelling, to accomplish cognitive-behavioral trauma treatment goals of habituation of emotional response and cognitively restructuring the details and appraisals of the trauma. If the groups are being held at school, at least one meeting with the parent is critical so that the social worker can assess family strengths and address needs. In the first year post-Hurricane Katrina research on the grief and trauma intervention was funded by the Institute of Mental Hygiene, New Orleans, Louisiana. 243-253. American Journal of Family Therapy, 34: 429-445. M., Fairbanks, L. For many of these children, the hurricane stress was compounded by previous and current stressors. Before he shared his story he stated, "And that goes for me, too. What is said in group stays in group." Several group approaches for treating children with post-traumatic stress use the combination of group and individual modalities (e.g., Goenjian et al., 1997; Stein et al., 2003). The social worker then "plays secretary" (Stacey & Loptson, 1995) and writes the child's story about the drawing in the child's book (My Story). During this phase a high level of group cohesion is necessary for each group member to feel safe enough to face the most distressing experience in his or her life. We cool? Child 1: I will. Henrick passed her his chain. Risk factors for long-term psychological effects of a disaster experienced in adolescents: predictors of posttraumatic stress disorder. Theoretical and evidence-based group therapy models that address the interplay of grief and trauma are needed for children postdisaster. Chemtob et al. The purpose of this article is to describe a theoretically informed time-limited (10-week) grief and trauma therapy group model designed for school-age children experiencing loss, grief, and trauma due to disaster, death, and/or violence. Therefore, a specific process of drawing, discussing, writing, and witnessing (DDWW) is used to elicit, explore, expand, and expose children to their narratives. According to the National Association of Social Workers (NASW: 2003) policy statement (2000-2003) regarding disasters, NASW supports and advocates for "the development of rigorous disaster research, especially intervention effectiveness research" (p. Restorative questions help place the child within or close to the story, as opposed to having the child recount the story as an observer (Rynearson, 2001). M., Twiss, R. Almost one half of the children met the cutoff for a mental health referral, with post-traumatic stress and depressive symptoms the most common presenting problems. This phase primarily occurs in Sessions 6 and 7, but Sessions 8 and 9 also contain activities that encourage restorative retelling of losses. Specific narrative practices used during this phase include externalizing the problem, encouraging rich descriptions (through drawing, discussion, and writing) that focus on understanding the meaning of the story to the child, exploring unique outcomes, and eliciting alternative stories (White, 2007; White & Epstein, 1990). J. In this phase children learn specific deep breathing exercises and parents also learn the exercises. Resilience in Katrina's children in the aftermath of the disaster (Accessed: 26 August 2007). The child in this vignette chose the "My protective shield" drawing. [Google Scholar]Rynearson, R. He put on his hat that said his name, he looked at me and started smiling and said "I'm going to miss you even though I'll see you tonight when I get off from work." He made me feel loved a lot. The group showed compassion and empathy through their reactions. [Crossref]. [Google Scholar]Goenjian, A. Session 1: When discussing supportive people, group members are asked to identify and draw at least one or two supportive adults. During the second phase of the intervention (primarily Sessions 6-9, although there is an overlap of the second and third phases), there is often more group cohesion, allowing members to provide mutual support to one another and respect each other's sharing of personal experiences (Norten & Kurland, 2001). The second phase involves assisting the child in retelling the traumatic events in a restorative manner (Rynearson, 2001) including helping the child create a coherent narrative (Foa, Molnar, & Cashman, 1995), and Watson, P. In the following vignette, group members fully understood reconnection because they had experienced it as well as the child telling the story. Case management, advocacy, and community collaboration must occur. (2006, September 22). Cognitive-behavioral psychotherapy for children and adolescents with posttraumatic stress disorder after a single-incident stressor. Journal of Traumatic Stress, 8: 675-690. Constructing cultural competence: Perspectives of family therapists working with Latino families. [Google Scholar]LaGreca, A. Group member C. (Began laughing and making fun of the picture). Look at her mouth! She has a big mouth. Session 8. Further research will include a long-term follow-up assessment and parent reports of children's distress and functioning. S., Minassian, D., Najarian, L., Angold, A., & Costello, E. 1995. These authors demonstrated that regardless of treatment modality children reported significant decreases in post-traumatic symptoms at posttest that remained one year later. After the norms of safety and trust are sufficiently developed and children's coping capacities are strengthened, the retelling of the traumatic story in a restorative manner may occur. With the lasting effects of the disaster and increasing violent crime, the grief and trauma group model continues to be used with children in New Orleans. 1989. Group member C: My dad (sang for I'm sorry). [Google Scholar]Perrin, S., Smith, P., and Overstreet, S. Journal of Brief Therapy, 11(2): 91-100. A., Alvarez, M. 2003-2006 [Google Scholar]Neuner, F., Schauer, M., Klaschik, C., Karunakara, U. J., Tucker, P. Prior to moving to the phase of restorative retelling, it is important that the children feel safe within the group and that group norms promoting a safe environment and group cohesion are present. In the initial phase of the intervention (Session 3), changes that have occurred as a result of the loss(es) and trauma(s) are discussed within the group setting. Furthermore, for more than a decade the city had been besieged with high crime rates including consistently high murder rates. Therefore, necessary components of the intervention include increasing parental and teacher support, helping children to identify supportive people to help them cope, and creating a supportive environment with the group as a whole. Child 2: What happened to him? During this phase that primarily occurs in Sessions 8, 9, and 10, children are guided to explore positive memories of the person who died or what they lost, and positive things about their current situation and hopes for the future. [Google Scholar]Osofsky, J. Social Work with Groups, 31(1): 29-52, and Yule, Y. 2002. M. One of the group facilitators encouraged Roger to continue and praised him for being so brave to write and share his story of the hurricane with the group members. K., Vernberg, E. 1997. Journal of the American Academy of Child and Adolescent Psychiatry, 37: 997-1001. [Google Scholar]March, S. In the next vignette, the initially abstract idea of confidentiality has now been fully operationalized so that members are able to share their story, knowing that confidentiality will be respected. The grief and trauma group intervention (which is described in this article) was based on a model that had been using in New Orleans with children who had witnessed community violence and which we had evaluated (Salloum, 2008). 2008, and Kurland, R. [Google Scholar]White, M., New York: W.W. Norton. The following vignette, where children are identifying supportive adults, shows the importance of the group members having ownership of the group rules for safety to develop. I also like to play with him and he makes me feel better when I have a bad day. If the child had someone close die, attention to the deceased person's life and their relationship as well as the person's death and traumatic circumstances are discussed (Rynearson, 2001). Journal of Clinical Child and Adolescent Psychology, 37(3): 495-507. M., Nakashima, J. As the group observed Roger becoming upset, Lashonda said, "I never knew you saw all of those things." She suddenly got up and offered Roger her juice and a paper towel to wipe his face. 176-206. nccp. International Journal of Group psychotherapy, 55(3): 455-463. [Google Scholar]Corcoran, J. Child 1: Mine too. Treatment for children who are traumatized needs to be developmentally specific (March, Amaya-Jackson, Murray, & Schulte, 1998). The foundation of conducting grief and trauma therapy groups with children postdisaster begins with what we call DEC: developmentally specific interventions, an ecological approach, and culturally relevant methods. Change in rape narratives during exposure therapy for Posttraumatic Stress Disorder. [Crossref]. [Google Scholar]Boyd-Franklin, N. Parents are encouraged to set aside time with their children for relaxation and comfort-building exercises. That is a rule (and he shook hands with group member B). Facilitator: Who would like to share their drawing with the group? Black families in therapy: Understanding the African American experience, 2nd, New York: Guilford Press. She has pretty teeth. A., Mannarino, A. 2001. These activities are used to educate the child about grief and trauma reactions and to help the child express his or her thoughts and feelings about what happened. and O'Ryan, D. This is him one morning when he woke up for work. Retelling violent death. Philadelphia: Brunner-Routledge, D. (2004). This is my dog. American Journal of Psychiatry, 154: 536-542. Clinical Child Psychology and Psychiatry, 11(4): 543-553. Session 2. Children should be seen and not heard? The main goals of the intervention were for the child to (1) learn more about grief and trauma reactions, (2) express his or her thoughts and feelings about what happened, and (3) decrease post-traumatic stress reactions. Conducting the groups within the ecological perspective (Bronfenbrenner, 1989) entails understanding risk, protective, and strength factors on the micro, mezzo, and macro level and attempting to intervene on all levels (Corcoran & Nichols-Casabolt, 2004). Journal of Child Psychology and Psychiatry, 41: 969-979. National Center for Children in Poverty, Columbia Mailman School of Public Health . Each group consisted of approximately six children close in developmental age (gender specific if possible, especially with preadolescents), and when possible, groups were composed of members who had similar traumas and losses (e.g., hurricane, death, violence). Professional Psychology: Research and Practice, 35: 466-476. H. Commentary: On research considerations. Session 6. Treatment occurred under the auspices of the Children's Bureau of New Orleans. Trauma, Violence and Abuse, 4: 307-327. Exploring the most traumatic aspects individually rather than in the group setting minimizes the risk of traumatizing other children. I used to get happy when I would go places with my daddy and it used to be just me and him. TABLE 1 Overview of Grief and Trauma Intervention SessionsTopic/ObjectivesBegin with individual parent meetings to assess strengths and needs, provide grief and trauma education, discuss coping, and then commence the group program with children. Project LAST (loss and survival team) Elementary age grief and trauma intervention manual, Unpublished treatment manual. M., Karayan, I., Najarian, L. M., LaGreca, A. The first two sessions include orientation information and helping the members feel like they belong to the group. [Crossref]. [PubMed]. [Web of Science ®]. [Google Scholar] Fass, S., & Cautchen, N. (2002), we used a randomized design and trauma reactions and to help the child express his or her thoughts and feelings about what happened. and O'Ryan, D. 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